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禠	Washington State Department of Social & Health Services

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HILDREN'S ADMINISTRATION	
OF LICENSED RESOURCES (DLR)	

Date of inspection:	Page of
LICENSOR'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
LICENSOR'S MAILING ADDRESS	

Date:

COMPLIANCE AGREEMENT CONTINUATION NAME OF FACILITY OR LICENSEE ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME) CITY ADDRESS ZIP CODE TELEPHONE NUMBER (INCLUDE AREA CODE) WASHINGTON ADMINISTRATIVE CODE NONCOMPLIANCE DESCRIPTION/SUMMARY PLAN OF CORRECTION COMPLETE BY DATE COMPLETED (WAC) Facility Administrator's OR Other Authorized Person's initials: Date:

Licensor's Initials: